

CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 1998
in Collaboration with The Center for Disease Control and
Prevention's
Behavioral Risk Factor Surveillance System

FINAL, DECEMBER 9, 1997

Questions about the survey should be directed to:

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HELLO, I'm (interviewer name) calling on behalf of the California Department of Health Services and the national Public Health Service.

1. Yes---> (Continue)
2. No ---> Thank you very much, but I seem to have dialed the wrong number. (Stop)

1. Yes ----> We're doing a study of the health practices of California residents. Your number has been randomly chosen to be included in the study, and we'd like to ask some questions about things people do which may affect their health.
2. No ----> Thank you very much, but we are only interviewing private residences. (Stop)

___ Enter the number of adults

____ Enter the number of men (0-9)

____ Enter the number of women (0-9)

The person in your household I need to speak with is the _____.

1. Yes ---> Continue.
2. No ---> May I speak with the _____?

ONEADULT
(If ADULT = 1)
Are you the adult?

1. Yes---> Then you are the person I need to speak with. All the information obtained in this study will be confidential. (Go to GENHLTH-Q1)
2. No ---> May I speak with him or her? (When selected adult answers:)

Hello, I'm (interviewer name) calling on behalf of the California Department of Health Services and the national Public Health Service.

We're doing a special study of California residents regarding their health practices and day-to-day living habits. You have been randomly chosen to be included in the study from among the adult members of your household.

All the information obtained in this study will be confidential.

SEX INTERVIEWER: Enter sex of respondent.

1. Male
2. Female

RESPOND
(INTERVIEWER, DO NOT READ ALOUD) Identify the respondent ----->

- | | |
|-------------------------|---------------------------|
| 11. Oldest MALE | 21. Oldest FEMALE |
| 12. Second Oldest MALE | 22. Second Oldest FEMALE |
| 13. Third Oldest MALE | 23. Third Oldest FEMALE |
| 14. Fourth Oldest MALE | 24. Fourth Oldest FEMALE |
| 15. Fifth Oldest MALE | 25. Fifth Oldest FEMALE |
| 16. Sixth Oldest MALE | 26. Sixth Oldest FEMALE |
| 17. Seventh Oldest MALE | 27. Seventh Oldest FEMALE |
| 18. Eighth Oldest MALE | 28. Eighth Oldest FEMALE |
| 19. Ninth Oldest MALE | 29. Ninth Oldest FEMALE |

First I'd like to ask some questions about your health.

GENHLTH (CDC-C)

HEALTH.

1. Would you say that in general your health is: Excellent, Very good, Good, Fair, or Poor?

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor

- 7. Don't know/Not sure
- 9. Refused

PHYSHLTH (CDC-C)

Type VII

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

— Enter Number of days

88. None

- 77. Don't know/Not sure
- 99. Refused

MENTHLTH (CDC-C)

Type VII

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

— Enter Number of days

88. None

- 77. Don't know/Not sure
- 99. Refused

POORHLTH (CDC-C, NEW)

TYPE VII

4. During the past 30 days for about how many days did poor physical or mental health keep you from doing your usual activities such as self care, work or recreation?

— Enter Number of days

88. None

- 77. Don't know/Not sure
- 99. Refused

HAVEPLN3 (CDC-C, modified wording) YESNO.
 5. Do you have ANY kind of health care coverage including health insurance, prepaid plans such as HMOs (health maintenance organizations) or government plans such as Medicare or Medi-Cal.

1. Yes
2. No
7. Don't know/Not sure
9. Refused

HLTHPLAN (CDC-C) YESNO.
 (If HAVEPLN3 = 2, 7, or 9 ask:)

6. There are some types of coverage you may not have considered. Please tell me if you have coverage through any of the following:

(If HAVEPLN3 = 1, ask:)		Yes	No	Dk/Ns	Ref	
Do you receive health care coverage through:						
A.	Your employer	1	2	7	9	EMPPLAN
OEMPLAN	B. Someone else's employer (including spouse)	1	2	7	9	
OWNPLAN	C. A plan that you or someone else buys on your own		1	2	7	9
MEDICARE	D. Medicare	1	2	7	9	
	E. Medi-Cal (Medicaid)	1	2	7	9	MEDICAL
	F. The military, CHAMPUS, or the VA [or CHAMP-VA]	1	2	7	9	MILPLAN
INDPLAN	G. The Indian Health Service		1	2	7	9
	H. Some other source	1	2	7	9	OTHPLAN

.....
 • IF NO " YES" RESPONSES A-H GO TO PASTPLAN .
 • IF 6E= " YES" THEN GO TO MEDIMAN2 .

MEDIMAN2 (CA-UCB - modified) YESNO.
 7. Are you enrolled in either a HMO (health maintenance organization) or health plan that Medi-Cal pays for?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

.....
 • IF HLTHPLAN 6A OR 6B = 1 THEN ASK PAYPART1; ELSE GO TO HMOPLAN .

PAYPART1 (CA-UCB) PAYPTA.
 8. How much of the cost of your health insurance premium does your employer

or some else's employer pay? All of the cost, part of the cost, or none of the cost? This does not include your co-pay.

1. All of the cost
2. Part of the cost
3. None of the cost
7. Don't know/Not sure
9. Refused

HMOPLAN (CA-KAISER)

YESNO.

9. Is your health care coverage provided by an HMO (health maintenance organization), for example, Kaiser or Health Net, which allows you to see the HMO's doctors for no fee or for a small fee at each visit?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

HLTHLIST (CA-KAISER)

10. Not including any supplemental and medigap health insurance, what is the name of the health plan you use to pay for most of your medical care?

- | | |
|--|---|
| 1.Aetna Health Plans | 34.Foundation Senior Value |
| 2.Affordable/Health | 35.Golden Outlook |
| Care Compare | 36.GOV. HOSP. ASSO. |
| 3.Alameda | 37.Great Western |
| Alliance for Health | 38.Great American Health Plan |
| 4.AM. Western Life | 39.Greater Pacific |
| 5.Anthem Health | Healthplan |
| 6.Anthem Health Companies | 40.Guardian |
| 7.Beckwith, Hightower, & Renberg | 41.Health Net Elect |
| 8.Beech Street | 42.Health Net Seniority Plus |
| 9.Blue Cross Standard (standard insurance) | 43.Health Net Select |
| 10.Blue Cross CaliforniaCare | 44.Health Plan of Redwoods |
| 11.Blue Cross Senior California Care | 45.Health Plan of San Mateo |
| 12.Blue Cross Prudent Buyer | 46.Health Plan of San Joaquin |
| 13.Blue Shield Access+/HMO | 47.Health Net |
| 14.Blue Cross | 48.Healthcare Foundation of Superior CA |
| 15.Blue Shield | 49.HMO California (Employers Health) |
| 16.BPS (Vivahealth) | 50.Inland Empire Health Plan |
| 17.Care First Health Plan | 51.Inter Valley Health Plan |
| 18.CareAmerica | 52.Interplan |
| 19.CCN | 53.John Alden Life |
| 20.CHAMPUS\VA\TRICARE | 54.John Hancock |
| 21.Chinese Community Health Plan | 55.Joint Benifit Trust |
| 22.CIGNA Health Care | 56.Kaiser Foundation Health Plan, Inc. |
| 23.CNA | 57.Kern Health Systems |
| 24.Community Health | 58.Key Health Plan |
| Plan | 29.Employers Health (HMO Californi |
| 25.Community Health Group | 59.L.A. Care Health Plan |
| 26.Contra Costa Health Plan | 60.Lifeguard Health |
| 27.Delta Health | Plan |
| Care | 61.MASS. Mutual |
| 28.Employer Self-Insured | 62.Maxicare |
| 30.Farm Bureau | |
| 31.Farmer's Insurance | |
| 32.Foundation Health Systems | |
| 33.Foundation | |

63.MEDI-CAL		80. PERS Care
64.MEDICARE		81.PPO Alliance
	65.MET LIFE	82.Principal Financial Group
66.Metra Health (United Health Care)		83.Prudential HealthCare of
67.Molina Medical Center		Ca, Inc.
68.National Health Plan		84.Provident Insurance
69.New York Life		85.Pru Net (Prudential)
09.Northwest Nat. Life		86.PruCare of California
71.Omni Healthcare Inc		87.Qual Care
72.One Health Plan of California, Inc		88.San Francisco
73.Operating Engineers		Health Plan
74.OUCH		89.Santa Clara County Health Authority
	75.Pacific Health	90.Santa Cruz County Health Options
Alliance		91.Santa Barbara Health Initiative
76.Pacific Mutual Life Insurance Co.		92.SCAN Health Plan
77.PacifiCare		93.Self Pay
	78.PacifiCare of	
California		106.Union Self-
79.PacifiCare Secure Horizons		Insured
94.Sharp Health Plan		107.United Health Care (Metra Health)
95.Shield 65		108.United Health Plan
96.Sierra Comm. Care		109.United
97.Solano Partnership HealthPlan		Insurance Company of America
98.State Farm Ins.		110.Universal Care, Inc
99.Gallagher Basset Service		111.Universal Health Network
PPO		112.Valley Health Plan
100.Sutter preferred		113.Ventura County Health
101.Tower Health		Care Plan
	102.Travelers	114.Western Health
103.Tricare Prime (CHAMPUS)		Advantage
104.UC Care		115.OTHER (Specify)
105.ULLICO Inc		777. Don't know/Not sure
		999. Refused

MAJMED (CA-KAISER)

YESNO.

11. Some health care coverage pays for only major medical, that is, hospitalizations and emergency room visits. Does your health care coverage also pay for routine care you receive in a doctor's office or clinic? This includes coverage that requires a deductible.

1. Yes
2. No
7. Don't know/Not sure
9. Refused

HMOPPO (CDC-C)

YESNO.

12. Is there a book or list of doctors associated with your health CARE coverage?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

SATISFAC (CA-UCB)

SATISF.

13. Overall, how satisfied are you with your present health insurance plan? Would you say you are very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, or very dissatisfied?

1. Very satisfied
2. Satisfied
3. Neither Satisfied nor dissatisfied (Neutral)
4. Dissatisfied
5. Very dissatisfied
7. Don't know/not sure
9. Refused

GAPPLN (CDC-C)

YESNO.

14. In the past 12 months, was there any time that you did NOT have ANY health insurance or coverage?

1. Yes (Go to **NEEDDOC**)
2. No (Go to **NEEDDOC**)
7. Don't know (Go to **NEEDDOC**)
9. Refused (Go to **NEEDDOC**)

PASTPLAN (CDC-C)

HOWLNGB.

15. About how long has it been since you had health care coverage?

Read Only if Necessary

1. Within the past 6 months (more than 0 months to 6 months)
2. Within the past year (more than 6 months to 1 year)
3. Within the past 2 years (more than 1 year to 2 years)
4. Within the past 5 years (more than 2 years to 5 years)
5. More than 5 years ago
7. Don't know/Not sure
8. Never
9. Refused

WHYNOPLA,WHYNOPLB,WHYNOPLC (CA-UCB-modified)

WHYNOPL4.

16. Many people do not have health insurance for various reasons. How important are each of the following in explaining why YOU are not covered by any health insurance?

- | | Very im-
portant | Im-
portant | Not im-
portant | DK/not
Sure | Refus | |
|--|---------------------|----------------|--------------------|----------------|-------|---|
| 1. You, your spouse or your parent lost a job or changed employers? Would you say this reason is very important, important or not important? | | | 1 | 2 | 3 | 7 |
| 2. Insurance wasn't offered by the employer? Would you say this reason is very important, important or not important? | | 1 | 2 | 3 | 7 | 9 |
| 3. Insurance costs too much? Would you say this reason is very important, important or not important? | | 1 | 2 | 3 | 7 | 9 |

.....
• (If 1,2 and 3=3,7, or 9) then go to Q16a; ELSE GO TO TRYPLN
.....

16a. WHYNOTX3 -----> What is the most important reason why you are not insured?

TRYPLN (CA-UCB)

YESNO.

17. You indicated that you are not currently covered by health insurance. Have you tried to find any health insurance coverage?

1. Yes
2. No
7. Don't know
9. Refused

NEEDDOC (CA)

YESNO.

18. Have you needed to see a doctor because of illness or injury in the past 12 months?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

PAYNOGO (CDC-C)

YESNO.

19. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

These next questions are about conditions and limitations you may have in your daily life.

CONDITN (CA)

YESNO.

20. In the past year have you experienced any of the following:

	Yes	No	DK/NS	Ref		
A. A back or neck problem	1	2	7	9	BACK2	
B. A broken bone or joint injury			1	2	7	9 BON
C. Problems walking	1	2	7	9	WALKPROB	
D. Hearing problem	1	2	7	9	HEARING	
E. A lung problem or problems breathing		1	2	7	9	LUNG

CONDITN2 (CA)

YESNO.

21. Have you ever been told by a doctor that you have any of the following:

		Yes	No	DK/NS	Ref	
A.	Arthritis or rheumatism	1	2	7	9	ARTHRIT
B.	Heart Trouble	1	2	7	9	
C.	Stroke	1	2	7	9	STROKE
D.	Cancer, other than skin cancer		1	2	7	9
E.	Depression	1	2	7	9	DEPRESN
F.	Skin Cancer	1	2	7	9	

RESTRIC2 (CDC-QOL Module)

YESNO.

22. Are you limited in any way in any activities because of any impairment or health problem?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

CHECKUP (CDC-C; state added lead-in)

HOWLNGC.

23. Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick. About how long has it been since you last visited a doctor for a routine checkup?
(Read only if necessary)

1. Within the past year (0 years to 1 year)
2. Within the past 2 years (more than 1 year to 2 years)
3. Within the past 5 years (more than 2 years to 5 years)
4. More than 5 years ago
7. Don't know/Not sure
8. Never
9. Refused

BPCHECK2 (CDC-RC; YR2k Obj. 15.13)

BPCHECK.

24. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

(Read only if necessary)

1. Within the past 6 months (more than 0 to 6 months)
2. Within the past year (more than 6 months to 1 year)
3. Within the past 2 years (more than 1 year to 2 years)
4. Within the past 5 years (more than 2 years to 5 years)
5. More than 5 years ago
7. Don't know/Not sure
8. Never (Go to DIABCOR1)
9. Refused

BPHIGH1 (CDC-RC; YR2k Obj. 15.13)

YESNO.

25. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

1. Yes
2. No (Go to DIABCOR1)
7. Don't know/Not sure (Go to DIABCOR1)
9. Refused (Go to DIABCOR1)

HIGHGT1 (CDC-RC; YR2k Obj 15.4/15.5)

HIGHGT.

26. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

1. More than once
2. Only once (Go to DIABCOR1)
7. Don't know/Not sure (Go to DIABCOR1)
9. Refused (Go to DIABCOR1)

BPCNTL (CA; YR2k Obj. 15.5; becomes variables BPD1ET-BPMED on final dataset) YNNA.

27. To control your high blood pressure, are you...

	Yes	No	DK/NS	NA	REF	
A. Dieting to lose weight?	1	2	7	8	9	BPD1ET
B. Using less salt in your diet?	1	2	7	8	9	
						BPSALT
C. Exercising?	1	2	7	8	9	
						BPEXER

D. Taking medicine prescribed by a doctor? 1 2 7 8 9 BPME

DIABCOR1 (CDC-C, modified wording; YR2k Obj 17.11)

DIABCORA.

28. Next I would like to ask you about diabetes, sometimes called sugar diabetes. Have you ever been told by a doctor that you have diabetes?

- 1. Yes
- 2. No (Go to EXERANY1)
- 3. Gestational diabetes (if woman volunteers she had diabetes during pregnancy)

- 7. Don't know/Not sure (Go to EXERANY1)
- 9. Refused (Go to EXERANY1)

.....
 •If SEX EQ 1 go to DIABAGE :
 •If SEX EQ 2 go to DIABGEST :

DIABGEST (CA, 95)

YESNO.

29. Was this ONLY while you were pregnant?

- 1. Yes (Go to EXERANY1)
- 2. No (Includes never been pregnant)
- 7. Don't know/Not sure
- 9. Refused

DIABAGE (CA-DBCP, from 1996 CDC module, DK/REFs coded differently per 1994 CDC-C)

(Note: Asked if SEX=1 and DIABCOR1=1, or SEX=2 and DIABCOR1=1 and DIABGEST ne 1)

30. How old were you when you were told you have diabetes? Type XV

— Enter age in years

- 97. Don't know/Not sure
- 99. Refused

DIABINS (CA-DBCP, from 1996 CDC module)

YESNO.

31. Are you now taking insulin?

- 1. Yes
- 2. No (Go to CHKGLU)
- 7. Don't know (Go to CHKGLU)
- 9. Refused (Go to CHKGLU)

INSOFT2 (CA-DBCP, from 1996 CDC module)

Type XVIII

32. Currently, about how often do you use insulin?

- 1xx = times per day (verify if GT 104)
- 2xx = times per week (verify if GT 228)

333 = Use insulin pump
777 = Don't know/Not sure
999 = Refused

CHKGLU (CA-DBCP, from 1996 CDC module)

Type XIX.

33. About how often do you check your blood for glucose or sugar?
Include times when checked by a family member or friend, but do not
include times checked by a health professional.

1xx = times per day (verify if GT 105)
2xx = times per week (verify if GT 235)
3xx = times per month
4xx = times per year

555 = Never
777 = Don't know
999 = Refused

HEARDGH (CA-DBCP, from 1996 CDC module)

YESNO.

34. Have you ever heard of glycosylated hemoglobin (gli-KOS-ilated he-
mo-glo-bin) or hemoglobin "A one C"?

1. Yes
2. No

7. Don't know
9. Refused

DIABDOC2 (CA-DBCP, from 1996 CDC module, coding is per 1994 CDC-C) Type I

35. About how many times in the last year have you seen a doctor, nurse,
or other health professional for your diabetes?

_____ number of times (verify if GT 12)

88. None (Go to VISCHK2)
77. Don't know (Go to VISCHK2)

99. Refu

.....
• If HEARDGH EQ 2, go to CHKSORE •
.....

DIABDOC2 (CA-DBCP, from 1996 CDC module; coded per 1994 CDC-C) Type I

36. About how many times in the last year has a doctor, nurse, or other
health professional checked you for glycosylated hemoglobin or
hemoglobin "A one C"?

_____ number of times (verify if GT DIABDOC2)

88. None
77. Don't know
99. Refused

CHKSORE (CA-DBCP, from 1996 CDC module; coded per 1994 CDC-C) Type I

(Note: asked if DIABDOC2 ne 88)

37. About how many times in the last year has a health professional
checked your feet for any sores or irritations?

_____ number of times (verify if GT DIABDOC2)

88. None

77. Don't know
99. Refused

VISCHK2 (CA-DBCP, from 1996 CDC module, modified response categories)

VISCHKB.

38. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

1. Within the past month (more than 0 months to 1 month)
2. Within the past year (more than 1 month to 1 year)
3. Within the past 2 years (more than 1 year to 2 years)
4. More than 2 years ago
7. Don't know/Not sure
8. Never
9. Refused

I would now like to ask you some questions about how well you see. If you use glasses or contacts, please tell me about the quality of your vision while wearing your glasses or contacts.

VISFAR (CA-DBCP, from 1996 CDC module)

VISOFT.

39. How much of the time does your vision limit you in recognizing people or objects across the street? Would you say all of the time, most, some, a little bit, or none of the time?

1. All of the time
2. Most of the time
3. Some of the time
4. A little bit of the time
5. None of the time
7. Don't know/Not sure
9. Refused

VISNEAR (CA-DBCP, from 1996 CDC module)

VISOFT.

40. How much of the time does your vision limit you in reading print like in a newspaper, magazine, recipe, menu, or numbers on the telephone? Would you say all of the time, most, some, a little bit, or none of the time?

1. All of the time
2. Most of the time
3. Some of the time
4. A little bit of the time
5. None of the time
7. Don't know/Not sure
9. Refused

VISTV (CA-DBCP, from 1996 CDC module)

VISOFT.

41. How much of the time does your vision limit you in watching television? Would you say all of the time, most, some, a little bit, or none of the time?

1. All of the time
2. Most of the time
3. Some of the time
4. A little bit of the time
5. None of the time
7. Don't know/Not sure
9. Refused

The next few questions are about exercise, recreation, or physical activities

OTHER THAN your REGULAR JOB duties.

EXERANY (CDC-RC96; YR2k Obj. 1.2/2.3/15.10)

YESNO.

42. During the past MONTH, did you participate in any PHYSICAL ACTIVITIES or EXERCISES such as running, calisthenics, golf, gardening or walking for exercise?

1. Yes

2. No (Go to SMOKE100)

7. Don't Know / Not Sure (Go to SMOKE100)

9. Refused (Go to SMOKE100)

EXERACT1 (CDC-RC96; YR2k Obj. 1.3/1.4/15.11)

EXERACT.

43. What type of physical activity or exercise did you spend the most time doing during the past MONTH?

01. Aerobics class

02. Backpacking

03. Badminton

04. Basketball

05. Bicycling for pleasure

06. Boating (canoeing, rowing, sailing for

pleasure or camping)

07. Bowling

08. Boxing

09. Calisthenics

10. Canoeing/rowing - in competition

11. Carpentry

12. Dancing-aerobics/ballet

13. Fishing from river bank or boat

14. Gardening (spading, weeding, digging, filling)

15. Golf

16. Handball

17. Health club exercise

18. Hiking - cross-country

19. Home exercise

20. Horseback riding

21. Hunting large game - deer, elk

22. Jogging

23. Judo/karate

24. Mountain climbing

25. Mowing lawn

26. Paddleball

27. Painting/papering house

28. Racquetball

29. Raking lawn

30. Running/running on a treadmill

31. Rope skipping

32. Scuba diving

33. Skating - ice, roller or in-line

34. Sledding, tobogganing

35. Snorkeling

36. Snowshoeing

37. Snow shoveling by hand

38. Snow blowing

39. Snow skiing

40. Soccer

41. Softball

42. Squash

43. Stair climbing

44. Stream fishing in waders

45. Surfing

46. Swimming laps

47. Table tennis

48. Tennis

49. Touch football

50. Volleyball

51. Walking/walking on a treadmill

52. Water-skiing

53. Weight lifting

54. Other (specify)_____EXERTXT2
(Text)

55. Bicycling machine exercise

56. Rowing machine exercise

99. Refused (Go to EXEROTH2)


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•If EXERACT1 EQ JOG, RUN, SWIM, or WALK go to EXERDIS      •
•If EXERACT1 NE JOG, RUN, SWIM, or WALK go to EXEROFT      •
.....

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EXERDIS1 (CDC-RC96; YR2k Obj. 1.3/1.4/15.11) (not formatted)

44. How far did you usually JOG|RUN|SWIM|WALK?

EXAMPLE: one half mile is coded as 0.5

1 mile is coded as 1.0

___ Enter distance (verify if GT 8 miles)

777. Don't Know/ Not Sure

999. Refused

EXEROFT (CDC-RC96; YR2k Obj. 1.3/1.4/15.11) Type III

45. How many times per WEEK or per MONTH did you take part in this activity during the past month?

1xx = enter #times a week (verify if GT 107)

2xx = enter #times a month (verify if GT 230)

777. Don't Know / Not Sure

999. Refused

EXERHMM1 (CDC-RC96; YR2k Obj. 1.3/1.4/15.11) (not formatted)

46. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

EXAMPLE: for 30 MINUTES ENTER 30

for AN HOUR AND 30 MINUTES ENTER 130)

___ ENTER HOURS/MINUTES OR MINUTES ONLY (verify if GT 530)

7777. Don't Know / Not Sure

9999. Refused

EXEROTH2 (CDC-RC96; YR2k Obj. 1.3/1.4/15.11) YESNO.

47. Was there another physical activity or exercise that you participated in during the last month?

1. Yes

2. No (Go to SMOKE100)

7. Don't Know / Not Sure (Go to SMOKE100)

9. Refused (Go to SMOKE100)

EXERACT2 (CDC-RC96; YR2k Obj. 1.3/1.4/15.11)

EXERACT.

48. What other type of physical activity gave you the next most exercise during the past MONTH?

- | | |
|---|---|
| 01. Aerobics class | 28. Racquetball |
| 02. Backpacking | 29. Raking lawn |
| 03. Badminton | 30. Running/running on a treadmill |
| 04. Basketball | 31. Rope skipping |
| 05. Bicycling for pleasure | 32. Scuba diving |
| 06. Boating (canoeing, rowing, sailing for pleasure or camping) | 33. Skating - ice, roller or in-line |
| 07. Bowling | 34. Sledding, tobogganing |
| 08. Boxing | 35. Snorkeling |
| 09. Calisthenics | 36. Snowshoeing |
| 10. Canoeing/rowing - in competition | 37. Snow shoveling by hand |
| 11. Carpentry | 38. Snow blowing |
| 12. Dancing-aerobics/ballet | 39. Snow skiing |
| 13. Fishing from river bank or boat | 40. Soccer |
| 14. Gardening (spading, weeding, digging, filling) | 41. Softball |
| 15. Golf | 42. Squash |
| 16. Handball | 43. Stair climbing |
| 17. Health club exercise | 44. Stream fishing in waders |
| 18. Hiking - cross-country | 45. Surfing |
| 19. Home exercise | 46. Swimming laps |
| 20. Horseback riding | 47. Table tennis |
| 21. Hunting large game - deer, elk | 48. Tennis |
| 22. Jogging | 49. Touch football |
| 23. Judo/karate | 50. Volleyball |
| 24. Mountain climbing | 51. Walking/walking on a treadmill |
| 25. Mowing lawn | 52. Water-skiing |
| 26. Paddleball | 53. Weight lifting |
| 27. Painting/papering house | 54. Other (specify)_____EXERTXT2 (Text) |
| | 55. Bicycling machine exercise |
| | 56. Rowing machine exercise |
| | 99. Refused (Go to smoke100) |

.....
•If EXERACT2 EQ JOG, RUN, SWIM, or WALK go to EXERDIS2 .

•If EXERACT2 NE JOG, RUN, SWIM, or WALK go to EXEROFT2 .
.....

EXERDIS2 (CDC-RC96; YR2k Obj. 1.3/1.4/15.11)

(not formatted)

49. How far did you usually JOG|RUN|SWIM|WALK?

EXAMPLE: one half mile is coded as 0.5

1 mile is coded as 1.0

___ Enter distance

(verify if GT 8 miles)

777. Don't Know/ Not Sure

999. Refused

EXEROFT2 (CDC-RC96; YR2k Obj. 1.3/1.4/15.11)

Type III

50. How many times per WEEK or per MONTH did you take part in this activity?

1xx = enter #times a week (verify if GT 107)

2xx = enter #times a month (verify if GT 230)

777. Don't Know / Not Sure

999. Refused

EXERHMM2 (CDC-RC96; YR2k Obj. 1.3/1.4/15.11) (not formatted)

51. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

EXAMPLE: for 30 MINUTES ENTER 30
for AN HOUR AND A HALF ENTER 130)

___ ENTER HOURS/MINUTES OR MINUTES ONLY (verify if GT 530)

7777. Don't Know / Not Sure

9999. Refused

Now I would like to ask you a few questions about cigarette smoking ...

SMOKE100 (CDC-C, Q25; YR2k 3.4/15.12/16.6) YESNO.

52. Have you smoked at least 100 cigarettes in your entire life?

5 packs = 100 cigarettes

1. Yes

2. No (Go to SMKELSE2)

7. Don't know/Not sure (Go to SMKELSE2)

9. Refused (Go to SMKELSE2)

SMKEVDA2 (CDC-C, Q26)

EVDAY.

53. Do you now smoke cigarettes everyday, some days, or not at all?

1. Everyday (Go to SMOKENUM)

2. Somedays (Go to SMK30ANY)

3. Not at all (Go to SMK30ANY)

9. Refused (Go to SMK30ANY)

SMOKENUM (CDC-C, Q27)

Type V

54. On the average, about how many cigarettes a day do you now smoke?
(1 pack = 20 cigarettes)

____ Enter Number of cigarettes
(verify if GT 70) (Go to SMKWHOLE)

888. Don't smoke regularly
777. Don't know/Not sure
999. Refused

SMK30ANY (CA-TCS)

YESNO.

55. Did you smoke ANY cigarettes during the past 30 days?

1. Yes
2. No (Go to SMKWHOLE)
7. Don't know/Not sure (Go to SMKWHOLE)
9. Refused (Go to SMKWHOLE)

SMK30DAY (CA-TCS, dropped from CDC-C 1996; YR2k Obj. 3.6/3.7)
VII

Type

56. On how many of the past 30 days did you smoke cigarettes?

____ Enter number of days
30. Every day
77. Don't know
99. Refused

.....
• IF SMKEVDA2 EQ 2 Go to SMK30NUM; ELSE Go To SMKWHOLE •
.....

SMK30NUM (CDC-C, Q27a; modified wording)

Type VIII

57. During the past thirty days, on the days that you did smoke, about how many cigarettes did you usually smoke per day?

____ Enter number of cigarettes (verify if GT 70)
777. Don't know
999. Refused

SMKWHOLE (CA-TCS; YR2k Obj. 4.5)

Type VII

58. About how old were you when you smoked your first whole cigarette?

____ Code age in years
77. Don't know
99. Refused

SMOKEAGE (CA-TCS)

Type XI

59. About how old were you when you first started smoking cigarettes fairly regularly?

____ Code age in years
0. Never smoked regularly
77. Don't know
99. Refused

```

.....
. SMKEVDA2 . SMK30ANY . GO TO .
.....
. EQ 1 . . QUIT1DY2 .
. EQ 2 . . QUITINT .
. EQ 3 . EQ 1 . QUITINT .
. EQ 3 . NE 1 . SMOKREG2 .
.....

```

QUIT1DY2 (CDC-C, Q28) STOPSMOK (CDC-C,93) (YR2k Obj. 3.6) YESNO.
 60. During the past 12 months, have you quit smoking for 1 day or longer?

1. Yes (Go to QUITINT)
2. No (Go to SMKWAKE)
7. Don't know/Not sure (Go to SMKWAKE)
9. Refused (Go to SMKWAKE)

QUITINT (CA-TCS) YESNO.
 61. During the past 12 months, on the days you did not smoke, was this because you were trying to quit smoking?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

SMKWAKE (CA-TCS) Type XI
 62. How soon after you awake in the morning do you usually smoke your first cigarette?

EXAMPLE: for 30 minutes enter 30
 for 10 hours and 30 minutes enter 1030

_____ Enter hours/minutes or minutes only

0000. Immediately
 7777. Don't know
 9999. Refused

SMKBRAN2 (CA-TCS, compatible with CATS) SMKBRAND.
 63. What brand do you usually SMOKE?

Enter the brand below:

- | | |
|----------------------|---------------------|
| 1. Benson and Hedges | 13. Vantage |
| 2. Camel | 14. Virginia Slims |
| 3. Carlton | 15. Winston |
| 4. Generic | 16. American Spirit |
| 5. Kent | 17. Austin |
| 6. Kool | 18. Basic |
| 7. Marlboro | 19. Belair |
| 8. Merit | 20. Bonus Value |
| 9. More | 21. Bugler |
| 10. Newport | 22. Cambridge |
| 11. Pall Mall | 23. Capri |
| 12. Salem | 24. Chester |

- | | |
|-----------------------------|----------------------------------|
| 25. Chesterfields | 40. Players |
| 26. Dunhill | 42. Pure |
| 27. Doral | 43. Quality Smoke |
| 28. Eve | 44. Ralieg |
| 29. F & L (Food and Liguor) | 45. Saratoga |
| 30. Harley Davidsons | 46. Style |
| 31. Hope | 47. Summit |
| 32. L&M | 48. Tarenton |
| 33. Lucky Strikes | 49. Viceroy |
| 34. Misty | 50. True |
| 35. Montclair | 91. Other _____ (specify) -----> |
| 36. Moore's | SMKTX |
| 37. Now | 77. Don't Know/Not sure |
| 38. Old Gold | 99. Refused |
| 39. Parliaments | |

SMKB2TXT

63.5 Please specify the brand or describe the package

LIKESTOP (CA-TCS) YESNO.
64. Would you like to stop smoking?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

QUIT30 (CA-TCS) YESNO.
65. Are you planning to quit smoking in the next 30 days?

1. Yes (Go to SMOKELSE2)
2. No
7. Don't know/Not sure
9. Refused

QUIT6 (CA-TCS) YESNO.
66. Are you contemplating quitting smoking in the next six months?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

.....
• IF SMKEVDA2=3 ASK SMOKREG2; ELSE Go to SMKELSE2.
.....

SMOKREG2 (CDC-C, Q29; modified wording & response categories) SMOKREGB.
67. About how long has it been since you last smoked cigarettes regularly?

(Read only if necessary)

1. Within the past month (from 0 month to 1 month)
2. Within the past 3 months (more than 1 month to 3 months)
3. Within the past 6 months (more than 3 months to 6 months)

4. Within the past year (more than 6 months to 1 year)
5. Within the past 5 years (more than 1 year to 5 years ago)
6. 5 or more years ago
77. Don't know/Not sure
88. Never smoked regularly (Do not read)
99. Refused (Do not read)

PUFF (CA-TCS; appears as variables PUFFYR1-PUFFDY1 on final dataset) Type VII

68. When did you last smoke or have a puff on a cigarette?

INTERVIEWER: Enter 00 if time frame doesn't apply.
Enter 77 if "Don't Know" for that time frame.
Enter 99 if "Refused" for that time frame.

YEARS since last smoked PUFFYR1
MONTHS since last smoked PUFFM01
WEEKS since last smoked PUFFWK1
DAYS since last smoked PUFFDY1

77. Don't know
99. Refused

RETURN12 (CA-TCS) RETURN.

69. Do you think it is likely or unlikely that you will return to smoking in the next 12 months?

1. Likely
2. Unlikely
3. Never a regular smoker
7. Don't know/Not sure
9. Refused

SMKELSE2 (CA-TCS; MODIFIED,YR2k Obj. 3.8) YESNO.

70. Does anyone else living in the household smoke cigarettes now?

1. Yes
2. No (Go to SMKICIGAR)
7. Don't know/Not sure (Go to SMKICIGAR)
9. Refused (Go to SMKICIGAR)

SMKELSEN (CA-TCS; YR2k Obj. 3.8) Type VII

71. How many other household members currently smoke?

____Enter number of household members

77. Don't know/Not Sure
99. Refused

SMKICIGAR (CDC-Emerging core) YESNO.

72. Have you ever smoked a cigar, even just a few puffs? (Cigar=large cigar, cigarillo, or small cigar)

1. Yes
2. No (Go to HHRULES2)
7. Don't know/Not sure (Go to HHRULES2)
9. Refused (Go to HHRULES2)

WHNCIGAR (CDC-Emerging core)

73. When was the last time you smoked a cigar?

(Read Only if Necessary)

1. Within the past month (0 months to 1 month ago)
2. Within the past 3 months (More than 1 months to 3 months ago) (Go to HHRULES2)
3. Within the past 6 months (More than 3 months to 6 months ago) (Go to HHRULES2)
4. Within the past year (More than 6 months to 12 months ago) (Go to HHRULES2)
5. Within the past 5 years (More than 1 year to 5 years ago) (Go to HHRULES2)
6. Within the past 15 years (More than 5 years to 15 years ago) (Go to HHRULES2)
7. 15 or more years ago (Go to HHRULES2)

Don't know/not sure

(Go to HHRULES2)

99. Refused

(Go to HHRULES2)

OFTCIGAR (CDC-Emerging core)

74. In the past month, did you smoke cigars everyday, several times per week, once per week, or less than once per week?

1. Everyday
2. Several times per week
3. Once per week
4. Less than once per week

7. Don't know/Not sure

9. Refused

HHRULES2 (CA-TCS, 95, from CATS; YR2k Obj. 3.8)

HHRULES.

75. What are the smoking rules or restrictions in your household, if any? Would you say smoking is completely prohibited, smoking is generally prohibited with few exceptions, smoking is allowed in some rooms only, or there are no restrictions on smoking?

1. Smoking is completely prohibited
2. Smoking is generally prohibited with few exceptions
3. Smoking is allowed in some rooms only
4. There are no restrictions on smoking
5. Other _____ (specify) -----> HHTXT

7. Don't know/Not sure

9. Refused

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month and so forth. Remember I am only interested in the foods YOU eat. Include all foods you eat, both at home and away from home.

JUICE94 (CDC-RC98)

Type X

76. How often do you drink fruit juices such as orange, grapefruit or tomato?

101-105 = times per day 301-375 = times per month
201-221 = times per week 401-499 = times per year

1xx. Enter times per day

(verify if GT 105)

2xx. Enter times per week (verify if GT 238)
 3xx. Enter times per month
 4xx. Enter times per year

 555. Never
 777. Don't know / Not sure
 999. Refused

FRUIT94 (CDC-RC98) Type X
 77. Not counting juice, how often do you eat fruit?

101-105 = times per day 301-375 = times per month
 201-221 = times per week 401-499 = times per year

 1xx. Enter times per day (verify if GT 105)
 2xx. Enter times per week (verify if GT 238)
 3xx. Enter times per month
 4xx. Enter times per year

 555. Never
 777. Don't know / Not sure
 999. Refused

SALAD (CDC-RC98) Type X
 78. How often do you eat green salad?

101-105 = times per day 301-375 = times per month
 201-221 = times per week 401-499 = times per year

 1xx. Enter times per day (verify if GT 105)
 2xx. Enter times per week (verify if GT 238)
 3xx. Enter times per month
 4xx. Enter times per year

 555. Never
 777. Don't know / Not sure
 999. Refused

POTATOES (CDC-RC98) Type X
 79. How often do you eat potatoes not including french fries, fried potatoes or potato chips?

101-105 = times per day 301-375 = times per month
 201-221 = times per week 401-499 = times per year

 1xx. Enter times per day (verify if GT 105)
 2xx. Enter times per week (verify if GT 238)
 3xx. Enter times per month
 4xx. Enter times per year

 555. Never
 777. Don't know / Not sure
 999. Refused

CARROTS (CDC-RC98)

Type X

80. How often do you eat carrots?

101-105 = times per day 301-375 = times per month
201-221 = times per week 401-499 = times per year

1xx. Enter times per day (verify if GT 105)
2xx. Enter times per week (verify if GT 238)
3xx. Enter times per month
4xx. Enter times per year

555. Never
777. Don't know / Not sure
999. Refused

VEG90 (CDC-RC98)

Type X

81. Not counting carrots, potatoes or salad, how many SERVINGS of vegetables do you usually eat?

101-110 = # servings per day 301-399 = # servings per month
201-299 = # servings per week 401-499 = # servings per year

1xx. Enter number servings per day (verify if GT 105)
2xx. Enter number servings per week (verify if GT 238)
3xx. Enter number servings per month
4xx. Enter number servings per year

555. Never
777. Don't know / Not sure
999. Refused

LOSEWT (CDC-RC98)

YESNO.

82. Are you now trying to lose weight?

1. Yes (Go to FEWCAL2)
2. No
7. Don't know/ Not sure
9. Refused

KEEPWT (CDC-RC98)

YESNO.

83. Are you now trying to maintain your current weight, that is to keep from gaining weight?

1. Yes
2. No (Go to WTADVICE)
7. Don't know/Not sure (Go to WTADVICE)
9. Refused (Go to WTADVICE)

FEWCAL2 (CDC-RC98)

FEWCAL.

(If LOSEWT = 1 ask:)

84. Are you eating either fewer calories or less fat to lose weight?

(If KEEPWT = 1 ask:)

Are you eating either fewer calories or less fat to keep from gaining weight?

(INTERVIEWER: PROBE TO FIND OUT WHICH OPTION IS MOST APPROPRIATE)

1. Yes, fewer calories

2. Yes, less fat
3. Yes, fewer calories and less fat
4. No
7. Don't know/ Not sure
9. Refused

PHYACT94 (CDC-RC98)

YESNO.

85. (If LOSEWT = 1 ask:)

Are you using physical activity or exercise to lose weight?

(If KEEPWT = 1 ask:)

Are you using physical activity or exercise to keep from gaining weight?

1. Yes
2. No
7. Don't know/ Not sure
9. Refused

WTADVICE (CDC-RC98)

WTADV.

86. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight?

(INTERVIEWER: PROBE FOR WHETHER ADVICE WAS TO GAIN WEIGHT, TO LOSE WEIGHT, OR TO MAINTAIN THE SAME WEIGHT)

1. Yes, lose weight
2. Yes, gain weight
3. Yes, maintain current weight
4. No
7. Don't know/ Not sure
9. Refused

WTPILL (CDC-Emerging core,NEW)

WTPILL.

87. In the past two years, have you taken any weight loss pills prescribed by a doctor? Do not include water pills or thyroid medications; include only pills taken for the primary purpose of losing weight.

(INTERVIEWER: PROBE FOR WHICH)

1. Yes, I am currently taking them

2. Yes, I have taken them but I am not currently taking them

3. No, I have not taken them (Go to EATLESS)

7. Don't know/Not sure (Go to EATLESS)

9. Refused (Go to EATLESS)

PREWGHT (CDC-Emerging core NEW)

(Not formatted)

88. How much did you weigh just before you started taking prescription weight loss pills for the first time?

Round fractions up

___ Enter weight in whole pounds (verify if Less Than 80 or Greater Than 350)

777. Don't know/Not sure

999. Refused

EATLESS (CA)

EATLESS.

89. How frequently do you eat less than you feel you should because there is not enough food or money to buy food? Would you say never, one to three times per month, four to seven times per month, or more than seven times per month?

1. Never

2. One to Three times per month

3. Four to Seven times per month

4. More than Seven times per month

7. Don't know/Not sure

9. Refused

PREVADV (CA-UCB, becomes PREVEXER-PREVSTD)

YN.

90. In the last three years, has your physician or other health professional discussed any of the following health education topics with you?

(Please read:)

	1	2	Yes	No	
A. Exercise					PREVEXER
B. Nutrition or Diet					PREVDIET
C. Smoking					PREVSMK
D. Gun Safety					PREVGUNS
E. Alcohol					PREVALC
F. Sexually Transmitted Disease or HIV					PREVSTD
G. Unknown (DK/NS Refused)					
H. None or No Others					

PREVPRG2 (CA-UCB-modified)

PREVPRG.

91. A health improvement program helps you to change your health behaviors such as stop smoking, lose weight, reduce stress, or increase physical activity. Did you participate in any health improvement program in 1997 offered through your MAIN employer, your health plan and/or a community group?

(If yes, mark all that apply.)

1. Yes, through my main employer
2. Yes, through my health plan
3. Yes, through a community organization or group
4. No
7. Don't know/Not sure
9. Refused

AGE (CDC-C)

(various formats)

92. How old were you on your last birthday?

— Enter age in years

7. Don't know/Not sure (Go to REF_DEMO)
9. Refused (Go to REF_DEMO)

HISPANIC (CDC-C, modified wording and order) YESNO.
93. Are you of HISPANIC ORIGIN such as Mexican American, Latin American,
Puerto Rican or Cuban?

1. Yes
2. No
7. Don't know/Not sure (Go to REF_DEMO)
9. Refused (Go to REF_DEMO)

ORACE2 (CDC-C, 95--expanded response categories) ORACEB.

94. What is your race?
Would you say: White, Black, Asian, Pacific Islander, American Indian,
Alaska Native, or Other?

1. White (Go to MARITAL)
2. Black (Go to MARITAL)
3. Asian (Go to ORACE2A)
4. Pacific Islander (Go to ORACE2A)
5. American Indian, Alaska Native (Go to MARITAL)

6. Other: (specify) -----> ORACETXT (Recoded, not retained) (Go to
MARITAL)

7. Don't know/Not sure (Go to REF_DEMO)
9. Refused (Go to REF_DEMO)

ORACE2A ORACE2A.

95. Are you Chinese, Japanese, Korean, Filipino, or Other?

1. Chinese
2. Japanese
3. Korean
4. Filipino
6. Other: (specify) -----> ORACTXT2 (Recoded, not retained)
7. Don't know/Not sure
9. Refused

REF_DEMO ORACE2A.
95.2 Our data analysis is based on several fatocrs ---and AGE/ETHNICITY/RACE
is one of the most important. You have already invested several minutes
providing extremely important and useful data for this study. Also, please
remember that your answers are confidential and will not be revealed to
anyone.
Would you be willing to tell me your AGE/ETHNICITY/RACE now?

MARITAL (CDC-C)

MARITAL.

96. Are you: Married, Divorced, Widowed, Separated, Never been married, or a member of an unmarried couple?

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never been married
6. A member of an unmarried couple

9. Refused

CHILD18 (CA)

Type VII

97. How many children or youths under age 18 live in this household?

— Enter Number of children

88. None (Go to EDUCA)

99. Refused (Go to EDUCA)

CHILDAGE (CA-TCS Previously CHILD1-CHILD9)

Type VII

98.

(If CHILD18=1, ask:)

How old is the child?

(If CHILD18 GT 1, ask:)

How old are the children? Beginning with the youngest...

INTERVIEWER NOTE: List the ages of all children in the household from youngest to oldest. If child is less than one year old then age = 1.0.

ENTER WHOLE YEARS ONLY. ROUND FRACTIONS UP.

EXAMPLE: 3.0 {In this household there is one 3 year-old (.0 suffix), two 5 year-olds (.1=younger

5.1 5 year old, .2=older 5 year old) and one 13 year old (.0 suffix)}

5.2

13.0

Youths =

— AGE OF YOUNGEST CHILD	CHILD1
— AGE OF SECOND YOUNGEST CHILD	CHILD2
— AGE OF THIRD YOUNGEST CHILD	CHILD3
— AGE OF FOURTH youngest child	CHILD4
— Age of fifth youngest child	CHILD5
— Age of sixth youngest child	CHILD6
— Age of seventh youngest child	CHILD7
— Age of eighth youngest child	CHILD8
— Age of ninth youngest child	CHILD9
— Age of tenth youngest child	

77 Don't know

99 Refused

EDUCA (CDC-C, response categories are from 1992)

EDUCA.

99. What is the highest grade or year of school you completed?

(Read Only if Necessary)

1. Eighth grade or less
2. Some high school (grades 9-11)
3. Grade 12 or GED certificate (High school graduate)
4. Some technical school

5. Technical School Graduate
6. Some College
7. College graduate
8. Post graduate or professional degree
9. Refused

EMPLOY2 (CDC-C)

EMPLOYA.

100. Are you currently: Employed for wages, Self-employed, Out of work for more than 1 year, Out of work for less than 1 year, Homemaker, Student, Retired, or Unable to work?

1. Employed for wages
2. Self-employed
3. Out of work for more than 1 year (Go to INCOM94)
4. Out of work for less than 1 year (Go to INCOM94)
5. Homemaker (Go to INCOM94)
6. Student (Go to INCOM94)
7. Retired (Go to INCOM94)
8. Unable to work (Go to INCOM94)
9. Refused (Go to INCOM94)

WORKHRS (CA-UCB)

Type VX

101. On average, how many hours per week do you work on your MAIN job? Do not include hours worked at a second job.

____ (number)

97. Don't Know
99. Refused

JOBBLONG (CA-UCB)

Type XXIII

102. How long have you been working continuously for this employer?

101-107 = # of days 301-312 = # of months
201-251 = # of weeks 401-499 = # of years

____ (Enter time)

555. Never
777. Don't know / Not sure
999. Refused

FIRMTYPE (CA-UCB)

FTYPE.

103. Is your MAIN employer a private business, or part of the federal, state or local government? (INTERVIEWER: Probe for the appropriate response category.)

1. Private business
2. Federal government
3. State government
4. Local government
7. Don't know/Not sure
9. Refused

FIRMSIZ2 (CA-UCB,modified answer)
(If EMPLOY2=1 then ask:)

TYPE I.

104. Counting ALL of the locations where your MAIN employer operates, about how many people, including part-time employees, work for your employer? (Your best guess is fine.)

(If EMPLOY2=2 then ask:)
 Counting ALL of the locations where your business operates, about how many people, including part-time employees, work for your business?
 (Your best guess is fine.)

_____ number of employees

77. Don't know
 99. Refused

SICTXT2 (CA-UCB-modified)

SICTXT.

(If EMPLOY2=1 ask:)

105. Thinking about your MAIN employer, which of the following best describes the business or industry?

(If EMPLOY2=2 ask:)

Thinking about your business, which of the following best describes the industry?

(Please read)

1. Mining
2. Construction
3. Manufacturing
4. Transportation
5. Wholesale sales
6. Retail sales
7. Financial
8. Services
9. Government
10. Healthcare
11. High technology
12. Agriculture
13. Education
14. Entertainment/recreation
15. Other _____ (Specify) ----->
77. Don't know/not sure
99. Refused

SICOTHR

HHSIZE (CA)
 formatted)

*** Calculated variable do not ask ***

(not

106. Household size. ((NUMADULT-NHHADULT)+CHILD18)

INCOM94 (CDC-C wording retained from previous years)

INCOMEB.

107. Which of the following categories best describes your annual household income from all sources? Less than \$10,000; \$10,000 to less than \$15,000; \$15,000 to less than \$20,000; \$20,000 to less than \$25,000; \$25,000 to less than \$35,000; \$35,000 to less than \$50,000; \$50,000 to \$75,000; or over \$75,000?

1. Less than \$10,000
2. \$10,000 to less than \$15,000
3. \$15,000 to less than \$20,000
4. \$20,000 to less than \$25,000
5. \$25,000 to less than \$35,000
6. \$35,000 to less than \$50,000
7. \$50,000 to \$75,000
8. Over \$75,000

77. Don't know/Not sure
 99. Refused

.....

- Find the point on the table where HHSIZE and INCOM94 intersect. •
 - If there is a table value and the table value is LT the "less than" •
 - value of the response to INCOM94, go to THRESH97. •
-

THRESH97(CA)

YESNO.

108. Is your annual household income above _____ (table look up for income and household size)? (This is an income threshold used for statistical purposes.)

1. Yes	7.	Don't know/Not sure						
2. No		9. Refused						
<hr/>								
INCOM94 =	1	2	3	4	5	6	7	
8								
HHSIZE= 1	7,900		15,800					
(Household 2		10,600		21,200				
Size) 3		13,330			26,660			
4			16,100		32,200			
5			18,770			37,540		
6				21,500		43,000		
7				24,200		48,400		
8					26,900			
53,800								
9					29,700			
59,400								
10					32,400			
64,700								
11						35,100	70,200	
12						37,800		75,60
13						40,500		
81,000								

(100% and 200% of Federal Poverty Line; From: Federal Register, Mar 10, 1997, rounded to nearest \$100.)

WEIGHT (CDC-C)

(not formatted)

109. About how much do you weigh without shoes?

Round fractions up

____ Enter weight in whole pounds (verify if Less Than 80 or Greater Than 350)

777. Don't know/Not sure

999. Refused

HEIGHT (CDC-C)

(not formatted)

110. About how tall are you without shoes?

Round fractions down

Enter height in feet and inches
(Ex. 5 feet 11 inches = 511)

____ Enter height (verify if Less Than 408 or Greater Than 608)

777. Don't know/Not sure

999. Refused

COUNTY1 (CDC-C)

COUNTYA.

111. What county do you live in?

001. ALAMEDA
003. ALPINE
005. AMADOR
007. BUTTE
009. CALAVERAS
011. COLUSA
013. CONTRA COSTA
015. DEL NORTE
017. EL DORADO
019. FRESNO
021. GLENN
023. HUMBOLDT
025. IMPERIAL
027. INYO
029. KERN
031. KINGS
033. LAKE
035. LASSEN
037. LOS ANGELES
039. MADERA

041. MARIN
043. MARIPOSA
045. MENDOCINO
047. MERCED
049. MODOC
051. MONO
053. MONTEREY
055. NAPA
057. NEVADA
059. ORANGE
061. PLACER
063. PLUMAS
065. RIVERSIDE
067. SACRAMENTO
069. SAN BENITO
071. SAN BERNARDINO
073. SAN DIEGO
075. SAN FRANCISCO
077. SAN JOAQUIN
079. SAN L OBISPO

081. SAN MATEO
083. SANTA BARBARA
085. SANTA CLARA
087. SANTA CRUZ
089. SHASTA
091. SIERRA
093. SISKIYOU
095. SOLANO
097. SONOMA
099. STANISLAUS
101. SUTTER
103. TEHAMA
105. TRINITY
107. TULARE
109. TUOLUMNE
111. VENTURA
113. YOLO
115. YUBA
777. Don't Know/Not Sure
999. Refused

NUMHOLD (CDC-C)

YESNO.

112. Do you have more than one telephone number in your household?

1. Yes
2. No (Go to ZIPCODE)
7. Don't know (Go to ZIPCODE)
9. Refused (Go to ZIPCODE)

NUMPHON2 (CDC-C)

(not formatted)

113. How many residential telephone numbers do you have?

(8 = 8 or more)

1. One
2. Two
3. Three
4. Four
5. Five
6. Six
7. Seven
8. Eight
9. Refused

ZIPCODE (CA)

(not formatted)

114. What is your zip code?

Enter the five digit number

77777
99999

Don't know/Not sure
Refused

.....--.

- IF SEX=1 Go to ORALCAN •
-

HADMAM (CDC-C, modified lead-in) YESNO.
(Note: asked of all women)

115. I would like to ask you a few questions about a medical exam called a mammogram. A mammogram is an x-ray of the breast to check for cancer and involves pressing the breast between 2 plastic plates.

Have you ever had a mammogram?

1. Yes
2. No (Go to HADCBE)
7. Don't know/Not sure (Go to HADCBE)
9. Refused (Go to HADCBE)

HOWLONG2 (CDC-C) HOWLNGC.

116. How long has it been since you had your last mammogram?

(Read only if necessary)

1. Within the past year (more than 0 years to 1 year)
2. Within the past 2 years (more than 1 year to 2 years)
3. Within the past 3 years (more than 2 years to 3 years)
4. Within the past 5 years (more than 3 years to 5 years)
5. More than 5 years ago
7. Don't know/Not sure
9. Refused

WHYDONE (CDC-C) WHYDONE.

117. Was your last mammogram done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer?

1. Routine checkup
2. Breast problem
3. Had breast cancer
7. Don't know/Not sure
9. Refused

HADCBE (CDC-C) YESNO.

118. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps.
 Have you ever had a clinical breast exam?

1. Yes
2. No (Go to HADPAP)
7. Don't know/Not sure (Go to HADPAP)
9. Refused (Go to HADPAP)

WHENCBCE (CDC-C) HOWLNGC.

119. How long has it been since your last breast exam?
 (Read only if necessary)

1. Within the past year (more than 0 years to 1 year)
2. Within the past 2 years (more than 1 year to 2 years)
3. Within the past 3 years (more than 2 years to 3 years)

4. Within the past 5 years (more than 3 years to 5 years)
5. More than 5 years ago

7. Don't know/Not sure
9. Refused

WHYCBE (CDC-C)

WHYCBE.

120. Was your last breast exam done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer?

1. Routine Checkup
2. Breast problem other than cancer
3. Had breast cancer
7. Don't know/Not sure
9. Refused

HADPAP (CDC-C, modified lead-in)

YESNO.

121. A Pap smear is a test where material is taken from the cervix, that is the mouth of the womb, to see if any cancer cells are present.

Have you ever had a Pap smear?

1. Yes
2. No (Go to HYSTER2)
7. Don't know/Not sure (Go to HYSTER2)
9. Refused (Go to HYSTER2)

WHENPAP2 (CDC-C)

HOWLNGB.

122. How long has it been since you had your last Pap smear?

(Read only if necessary)

1. Within the past year (more than 0 years to 1 year)
2. Within the past 2 years (more than 1 year to 2 years)
3. Within the past 3 years (more than 2 years to 3 years)
4. Within the past 5 years (more than 3 years to 5 years)
5. More than 5 years ago
7. Don't know/Not sure
9. Refused

WHYPAP (CDC-C, modified wording)

WHYPAP.

123. Was your last Pap smear done as part of a routine exam, or to check a problem, or for some other reason?

1. Routine exam
2. Check current or previous problem
3. Other
7. Don't know/Not sure
9. Refused

HYSTER2 (CDC-C)

YESNO.

124. Have you had a hysterectomy (that is, an operation to remove the uterus/womb)?

1. Yes (Go To ORALCAN)
2. No

- 7. Don't know/Not sure
- 9. Refused

```

.....
•IF AGE LT 45 go to PREGNANT
•IF AGE GE 45 go to ORALCAN
.....

```

PREGNANT (CDC-C) YESNO.
 125. To your knowledge, are you now pregnant?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

Now I would like to ask you some questions about your dental health.
 ORALCAN (CA-DH YR2k Obj 13.7) YESNO.

126. Have you ever heard of a test or exam for oral or mouth cancer?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

ORALREAS(CA-DH-YR2k Obj 13.7) YESNO.
 127. Have you ever had a test (exam) for oral or mouth cancer in which the doctor or dentist pulls on your tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks?

- 1. Yes (Go To ORALSIGN)
- 2. No
- 7. Don't know/not sure (Go To ORALSIGN)
- 9. Refused (Go To ORALSIGN)

ORLWHYNO(CA-DH-YR2k Obj 13.7)

ORALREAS.

128. What is the most important reason why you never had an oral cancer exam?
(please do not read list)

1. No reason/never thought about it/didn't know I should
2. Not needed/haven't had any problems
3. Put it off/laziness
4. Costs too much/no insurance
5. Doctor/dentist didn't recommend it
6. Don't go to doctors or dentist/don't like it
7. Other (Specify) _____ ORTXT1
77. Don't know/not sure
99. Refused

ORALSIGN(CA-DH-YR2k Obj 13.7,modified categories)

ORALSIGN.

129. What is one early sign of oral or mouth cancer?

(Do not read answer categories. Mark the one that best fits respondent's answer)

1. White patches in the mouth which are not painful
2. Red patches in the mouth which are not painful
3. Sore/lesion in the mouth which does not heal
4. Bleeding in the mouth
5. Discoloration of gum/gum disease/change in gums
6. Pain other than toothache
7. Other (Specify) _____ ORTXT2
77. Don't know/not sure
99. Refused

ORALTEST(CA-DH-YR2k Obj 13.7)

YESNO.

130. I am going to read a list of things which may or may not increase a person's chance of getting mouth or lip cancer. For each of these, tell me if you think it increases a person's chances of getting mouth or lip cancer?

- | | Yes | No | Unknown | Refused | |
|---------------------------------------|-----|----|---------|---------|---------|
| 1. Excessive exposure to sunlight | | 1 | 2 | 7 | 9 |
| ORALSUN | | | | | |
| 2. Eating hot spicy foods | 1 | 2 | 7 | 9 | ORALHOT |
| 3. Regular alcohol drinking | | 1 | 2 | 7 | 9 |
| ORALALC | | | | | |
| 4. Tobacco use in any form | 1 | 2 | 7 | 9 | ORALTAB |
| 5. Frequently biting the cheek or lip | | 1 | 2 | 7 | 9 |
| ORALBIT | | | | | |

AIDINTRO

.....
•IF AGE LT 45 go to AIDSGRD3
•IF AGE GE 45 go to **ASTHMA2**
.....

The next few questions are about HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

AIDSGRD4 (CDC-C; modified categories, NEW) Type XXI.

131. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS?

- Enter grade
55. Kindergarten
88. Never

77. Don't know
99. Refused

CONDUSE2 (CDC-C; modified selection criteria) CONDUS.

132. If you had a teenager who was sexually active, would you encourage him or her to use a condom?

1. Yes
2. No
3. Would give other advice

7. Don't know/Not sure
9. Refused

GETAIDS2 (CDC-C; modified selection criteria) GETAIDS.

133. What are your chances of getting infected with HIV, the virus that causes AIDS?

Would you say: High, Medium, Low, or None?

1. High
2. Medium
3. Low
4. None
5. Not applicable (GO TO TSTBLYR2)

7. Don't know/Not sure
9. Refused

AIDSDON (CDC-C; modified selection criteria) YESNO.

134. Have you donated blood since March 1985?

1. Yes
2. No (Go to AIDSTST5)

7. Don't know (Go to AIDSTST5)
9. Refused (Go to AIDSTST5)

DONBLD12 (CDC-C, NEW)

YESNO.

135. Have you donated blood in the last 12 months?

1. Yes
2. No

7. Don't know/Not sure

9. Refused

AIDSTST4 (CDC-C, NEW)

YESNO.

136. Except for tests you may have had as part of blood donations, have you ever been tested for HIV?

- | | |
|------------------------|----------------------------------|
| 1. Yes | (Go to TSTBLYR1) |
| 2. No | (Go to ASTHMA2) |
| 7. Don't know/Not sure | (Go to ASTHMA2) |
| 9. Refused | (Go to ASTHMA2) |

AIDSTST5 (CDC-C, NEW)

YESNO.

137. Have you ever been tested for HIV?

- | | |
|------------------------|----------------------------------|
| 1. Yes | (Go to TSTBLYR2) |
| 2. No | (Go to ASTHMA2) |
| 7. Don't know/Not sure | (Go to ASTHMA2) |
| 9. Refused | (Go to ASTHMA2) |

TSTBLYR1 (CDC-C, NEW)

YESNO.

138. Not including your blood donations, have you ever been tested for HIV in the past 12 months?

- | | |
|------------------------|----------------------------------|
| 1. Yes | (Go to REASTST3) |
| 2. No | (Go to ASTHMA2) |
| 7. Don't know/Not sure | (Go to ASTHMA2) |
| 9. Refused | (Go to ASTHMA2) |

TSTBLYR2 (CDC-C, NEW)

YESNO.

139. Have you ever been tested for HIV in the past 12 months?

- | | |
|------------------------|----------------------------------|
| 1. Yes | (Go to REASTST3) |
| 2. No | (Go to ASTHMA2) |
| 7. Don't know/Not sure | (Go to ASTHMA2) |
| 9. Refused | (Go to ASTHMA2) |

REASTST3 (CDC-C, NEW)

REASTEST.

140. What was the main reason you had your last test for HIV?

(Read only if necessary)

1. For hospitalization or surgical procedure
2. To apply for health insurance
3. To apply for life insurance
4. For employment
5. To apply for a marriage license
6. For military induction or military service
7. For immigration
8. Just to find out if you were infected
9. Because of referral by a doctor
10. Because of pregnancy
11. Referred by your sex partner
12. Because it was part of a blood donation process (Go to **ASTHMA2**)
13. For routine checkup
14. Because of occupational exposure
15. Because of illness
16. Because I am at risk for HIV
77. Don't know/Not sure (Don't Read)
87. Other reason
99. Refused (Don't Read)

WHERST4 (CDC-C, NEW)

WHERETST.

141. Where did you have your last test for HIV?

(Read only if necessary)

- | | |
|--|---|
| 1. Private doctor, HMO | 12. Insurance company clinic |
| 2. Blood bank, plasma center, Red Cross | 13. Other public clinic |
| 3. Health department | 14. Drug treatment facility |
| 4. AIDS clinic, counseling, testing site | 15. Military induction or |
| military service site | |
| 5. Hospital, emergency room, outpatient clinic | 16. Immigration site |
| 6. Family planning clinic | 17. At home, home visit by nurse or health worker |
| 7. Prenatal clinic/obstetrician's office | 18. At home, using |
| self-sampling kit | |
| 8. Tuberculosis clinic | 19. In jail or prison |
| 9. STD clinic | 77. Don't know/Not sure (Don't read) |
| 10. Community health clinic | 87. Other |
| 11. Clinic run by employer | 99. Refused (Don't read) |

TSTRESLT (CDC-C) YESNO.
142. Did you receive the results of your last test?

- 1. Yes
- 2. No (Go to ASTHMA2)
- 7. Don't know (Go to ASTHMA2)
- 9. Refused (Go to ASTHMA2)

COUNSEL3 (CDC-C) YESNO.
143. Did you receive counseling or talk with a health care professional about the results of your test?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

Now I would like to ask you some questions about asthma.

ASTHMA2 (CA-EHIB, 98; YR2K Obj. 17.4, NEW) YESNO.
144. Have you ever been told by a doctor or other health professional that you have asthma?

- 1. Yes (Go to ASTHAGE)
- 2. No (Go to MIGRAN)
- 7. Don't know (Go to MIGRAN)
- 9. Refused (Go to MIGRAN)

ASTHAGE (CA-EHIB, 98; YR2K Obj. 17.4, NEW)
145. How old were you when you were told you have asthma?

- Enter age in years
- 7. Don't know/Not sure
- 9. Refused

ASTH12 (CA-EHIB, 98, NEW) YESNO.
146. During the past 12 months, did you experience asthma symptoms, such as wheezing or whistling in the chest or a dry cough at night which was not associated with a cold or chest infection?

- 1. Yes (Go to ASTHDR)
- 2. No (Go to MIGRAN)
- 7. Don't know (Go to MIGRAN)
- 9. Refused (Go to MIGRAN)

ASTHDR (CA-EHIB, 98, NEW)

YESNO.

147. Did these symptoms require an urgent visit to a doctor, urgent care center, or emergency room?

1. Yes
2. No
7. Don't know
9. Refused

ASTHMD (CA-EHIB, 98, NEW)

YESNO.

148. Did these symptoms require asthma medication?

1. Yes
2. No
7. Don't know
9. Refused

MIGRAN (CA-EHIB, 98, NEW)

YESNO.

149. Have you ever been told by a doctor or other health professional that you have migraines?

1. Yes (Go to MIGRAN12)
2. No (Go to HAVEGUN2)
7. Don't know (Go to HAVEGUN2)
9. Refused (Go to HAVEGUN2)

MIGRAN12 (CA-EHIB, 98, NEW)

150. During the past 12 months, how many times did you have migraines?

- _____ number of times
88. None
 77. Don't know
 98. Refused

Now I would like to ask you about firearms.

HAVEGUN2 (CA-EPIC, NEW)

YESNO.

151. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle.

1. Yes
2. No (Go to DRNKANY1)
7. Don't know/Not sure (Go to DRNKANY1)
9. Refused (Go to DRNKANY1)

HANDGUN4 (CA-EPIC, NEW)

YESNO.

152. Are any of the firearms in or around your home handguns, such as pistols or revolvers?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

LONGGUN (CA-EPIC, NEW)

YESNO.

153. Are any of the firearms in or around your home long guns, such as rifles or shotguns?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

```
.....
•IF HANDGUN4=1 GO TO LOCKED3                      :
•IF HANDGUN4=2,7, or 9 GO TO LOCKED4              :
.....
```

LOCKED3 (CA-EPIC, NEW)

YESNO.

154. Firearms are sometimes kept locked up by using trigger locks or by keeping the firearms locked in a cabinet, drawer, lockbox, or other locked container.

Are any handguns in or around your home now loaded and not locked up?

1. Yes
2. No
3. Refused to continue with gun module (Go to DRNKANY1)
7. Don't know/Not sure
9. Refused

```
.....
•IF LONGGUN=1 GO TO LOCKED4                      :
•IF LONGGUN=2,7, or 9 GO TO WHYGUN2              :
.....
```

LOCKED4 (CA-EPIC, NEW)

YESNO.

155. If (HANDGUN3=2,7, or 9 then read intro. If HANDGUN3=1 then skip intro.)

(INTRO) Firearms are sometimes kept locked up by using trigger locks or by keeping the firearms locked in a cabinet, drawer, lockbox, or other locked container.

Are any long guns in or around your home now loaded and not locked up?

1. Yes
2. No
3. Refused to continue with gun module (Go to DRNKANY1)
7. Don't know/Not sure
9. Refused

WHYGUN2 (CA-EPIC, NEW)

WHYGUN.

156. (If NUMGUNS=1 then ask:)

What is the main reason there are firearms in or around your home?

1. Safety/self-protection
2. Requirement of employment for someone in the household
3. Hunting
4. Target practice/hobby/gun collector/recreation (other than hunting)
5. Other (specify) -----> WHYGNTXT (Text)
7. Don't know
9. Refused

GUNSAFE (CA-EPIC, NEW)

YESNO.

157. Have you ever attended a firearm safety workshop, class, or clinic?

1. Yes
2. No
3. Refused to continue with gun module (Go to DRNKANY1)
7. Don't know/Not sure
9. Refused

GUNUSED2 YESNO.

158. In the past year, have any of the firearms been used to shoot at or scare off an intruder that was seen in or around your home?

1. Yes
2. No
3. Refused to continue with gun module
7. Don't know/Not sure
9. Refused

Finally, I would like to ask you a few questions about alcohol use.

DRNKANY1 (CDC-RC)

YESNO.

159. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

1. Yes
2. No (Go to RIDEDRNK)
7. Don't know/Not sure (Go to RIDEDRNK)
9. Refused (Go to RIDEDRNK)

DRKBEER (CA-ADP; module below originally from 1988 CDC-C; YR2k Obj. 4.8)

Type II

160. During the past month, how many days per week or per month did you drink any beer?

101-107 = days per week

201-231 = days per month

____ Enter Days per week or per month

888. None (Go to DRKWINE)

777. Don't know/Not sure (Go to DRKWINE)

999. Refused (Go to DRKWINE)

NBEEROCC (CA-ADP)

Type I

161. On the days when you drank beer, about how many BEERS did you drink on the AVERAGE?

____ Enter Number of drinks (One half= .5) (verify if GT 11)

88. None

77. Don't know/Not sure

99. Refused

DRKWINE (CA-ADP)

Type II

162. During the past month, how many days per week or per month did you drink any wine?

101-107 = days per week

201-231 = days per month

____ Enter Days per week or per month

777. Don't know/Not sure (Go to DRKLIQR)

888. Never or none (Go to DRKLIQR)

999. Refused (Go to DRKLIQR)

NWINEOCC (CA-ADP)

Type I

164. On the days when you drank wine, about how many glasses of WINE did you drink on the AVERAGE?

____ Enter Number of drinks (One half= .5) (verify if GT 11)

88. None

77. Don't know/Not sure

99. Refused

DRKLIQR (CA-ADP)

Type II

165. During the past month, how many days per week or per month did you drink any LIQUOR?

101-107 = days per week

201-231 = days per month

____ Enter Days per week or per month

777. Don't know/Not sure (Go to DRINKGE5)

888. Never or none (Go to DRINKGE5)

999. Refused (Go to DRINKGE5)

NLIQROCC (CA-ADP)

Type I

166. On the days when you drank LIQUOR, about how many DRINKS did you have on the AVERAGE?

____ Enter Number of drinks (One half= .5) (verify if GT 11)

- 88. None
- 77. Don't know/Not sure
- 99. Refused

DRINKGE5 (CDC-RC)

Type VII

167. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?

____Enter Number of times (verify if GT 15)

- 88. None
- 77. Don't know/Not sure
- 99. Refused

DRINKDRI (CDC-RC)

Type VII

168. During the past month, how many times have you driven when you've had perhaps too much to drink?

____Enter Number of times (verify if GT 15)

- 88. None
- 77. Don't know/Not sure
- 99. Refused

RIDEDRNK (CA-ADP, CDC-C in 1993)

Type VII

169. During the past month, how many times have you ridden with a driver who has had perhaps too much to drink?

____Enter Number of times (verify if GT 15)

- 88. None
- 77. Don't know/Not sure
- 99. Refused

These next four questions refer to experiences you may or may not have had with alcohol over your entire lifetime. If you have had less than 20 drinks in your life, or you feel that these questions do not apply to you, please tell us and we will move on.

DRKCUT (CA-ADP, new*, CAGE) YNNAB.
170. Have you EVER felt you ought to cut down on your drinking?

1. Yes
2. No
3. Not Applicable, had less than 20 drinks (Go to YTHSAMP)
4. Not Applicable, discontinue CAGE module (Go to YTHSAMP)
7. Don't know/Not sure
9. Refused

DRKANoy (CA-ADP, new*, CAGE) YESNO.
171. Have people EVER annoyed you by criticizing your drinking?

1. Yes
2. No
3. Not Applicable, discontinue CAGE module (Go to YTHSAMP)
7. Don't know/Not sure
9. Refused

DRKGLTY (CA-ADP, new*, CAGE) YESNO.
172. Have you EVER felt bad or guilty about your drinking?

1. Yes
2. No
3. Not Applicable, discontinue CAGE module (Go to YTHSAMP)
7. Don't know/Not sure
9. Refused

DRKMORN (CA-ADP, new*, CAGE) YESNO.
173. Have you EVER had a drink first thing in the morning to steady your nerves or get rid of a hangover?

1. Yes
2. No
3. Not Applicable, discontinue CAGE module (Go to YTHSAMP)
7. Don't know/Not sure
9. Refused

.....
..
• If there is at least one child aged 11 through 17 read YTHSAMP; Else go to Closing Statement. •

•
•
.....
..

YTHSAMP

Your answers indicate that there ____is a youth/are youths____ between the ages of 12 and 17 living in this household. We would like to interview ____this youth/one of these youths____ as part of a study on youth attitudes toward smoking and other issues.

All answers will be kept confidential. While participation is voluntary, your cooperation and the cooperation of the youth in this survey is very important to the success of our study. May we interview _____ for this study?

Closing statement:

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

SPANINT

SPANINT.

(TO INTERVIEWER:) Was this interview completed in English or Spanish?

1. Spanish
2. English